

Bucks
County



F I R E

P A C ~ Professionals Aiding Children

County Commissioners

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BUCKS COUNTY FIRE MARSHAL DEPARTMENT

911 Ivyglenn Circle
Ivyland, PA 18974
(215) 340-8711 FAX: (215) 957-0765

Nicholas E. Rafferty, CFI
Chief Fire Marshal
Thomas M. Krutsch, CFI
Assistant Fire Marshal
Mark A. Kramer
Assistant Fire Marshal
John Gundy
Fire Inspector

A JUVENILE FIRESETTER INTERVENTION PROGRAM

FIRE PROFESSIONALS AIDING CHILDREN ~ FIRE PAC

FIRE Professionals Aiding Children (FIRE PAC) operates through the Bucks County Fire Marshal's Department. It is a program that deals with the issue of children and youth who misuse fire. The association between children and fire is born out of many different reasons.

- Curiosity
- A means of Coping and Dealing with stress
- Delinquent behavior
- Hyperactivity – Boredom
- Need for attention – cry for help
- Pathological

Juvenile firesetting is a growing and largely untreated problem in our nation today. The act of fire play, recognized as firesetting behavior may seem non-threatening, but can create havoc and produce devastation in seconds. *The beginning* of this dangerous behavior may be viewed in numerous ways. Playing with lighters, matches, BBQ lighters-grills, stove, burning candles, paper and brush. These young people at times may also express a strong interest in fire through, movies that portray fire, may repetitiously talk about it and in many other ways. Firesetting is both a learned and progressive behavior that commonly does not go away on its own. It is often hidden from the parent's sight and yet may be a "cry for help" to underlying problems. This behavior is often found to continue and worsen in time, if left unchecked.

The FIRE PAC program is equipped to handle this firesetting behavior, by first assessing the problem and determining the depth of fire involvement, and degree of concern. Then, fire safety/science/prevention education is arranged along with direction toward professional family services when necessary.

FIRE PAC serves the public in concert with multiple disciplines that include, Mental Health, Local School Systems, Children and Youth Social Services, Juvenile Probation, Fire and Police services. "OUR GOAL IS TO HELP"! If you have a question or need help, PLEASE CALL the bucks County Fire Marshal's Department "FIRE PAC program. All matters are confidential. (215) 340-8712 or (215) 340-8730.

BUCKS COUNTY FIRE PROFESSIONALS AIDING CHILDREN  FIRE P*A*C*
JUVENILE FIRE REFERRAL FORM

Mark Kramer, Asst. Fire Marshal – Fire P*A*C* (215) 340-8712 FAX (215) 957-0765

Date / / 06

----- NOTE: A SIGNED AGREEMENT FORM MUST ACCOMPANY THIS REFERRAL -----

Referring Agent	Name <input type="text"/>	Agency <input type="text"/>
	Address <input type="text"/>	
	Phone: W # <input type="text"/>	Cell # <input type="text"/>
Other Agency	Name <input type="text"/>	Agency <input type="text"/>
	Address <input type="text"/>	
	Phone: W # <input type="text"/>	Cell # <input type="text"/>

Juvenile Name <input type="text"/>	Age <input type="text"/>	DOB <input type="text"/> / <input type="text"/> / <input type="text"/>	Sex <input type="text"/>	Race <input type="text"/>
Address <input type="text"/>				
School <input type="text"/>				Grade <input type="text"/>

Primary Caregivers:	Name <input type="text"/>	Relationship <input type="text"/>	Age <input type="text"/>
	Name <input type="text"/>	Relationship <input type="text"/>	Age <input type="text"/>
	Address <input type="text"/>		
	Phone: H # <input type="text"/>	Cell # <input type="text"/>	Work # <input type="text"/>

Other adults in home:	Name <input type="text"/>	Relationship <input type="text"/>	Age <input type="text"/>
	Name <input type="text"/>	Relationship <input type="text"/>	Age <input type="text"/>

Siblings:	#1 Name <input type="text"/>	Age <input type="text"/>	#2 Name <input type="text"/>	Age <input type="text"/>
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Natural Mother:	Name <input type="text"/>	Age <input type="text"/>	Employment Type: <input type="text"/>
Address <input type="text"/>			
DOB / /	Phone: H # <input type="text"/>	Cell # <input type="text"/>	Work # <input type="text"/>

Natural Father:	Name <input type="text"/>	Age <input type="text"/>	Employment Type: <input type="text"/>
Address <input type="text"/>			
DOB / /	Phone: H # <input type="text"/>	Cell # <input type="text"/>	Work # <input type="text"/>

Biological Parents Marital Status:
Never Married Orig Marriage Separated Divorced Remarried Living w/another

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FIRE INCIDENT THAT INITIATED THIS REFERRAL

Was this a one-time incident? Yes No If "No" approximately how many other incidents?

Did Fire Dept. Respond ? Yes No If "Yes" how destructive was fire? None x Little Much

Describe Fire History in the field Below:

Describe the fire incident

Fire History: List any and all things the child/youth has previously burned

Family Dynamics:

List any and all things that may be outstanding or significant in the child's life and/or the family history

Mental Health History:

List any and all Mental Health issues and/or involvement with the child and/or with any family member

Criminal History:

List any and all Criminal History and/or Police Contact with the child and/or with any family member

AUTHORIZATION FOR RELEASE OF INFORMATION

Mark Kramer, Asst. Fire Marshal – Fire P*A*C* (215) 340-8712 FAX (215) 957-0765

Juvenile's Name

FM CASE #

To the Parents and/or Guardians: We can serve you better if we are able to work with other agencies that know you and your family. By signing this form, you are giving permission for our program together with the other organizations working with your family and child to release information about your situation. Those organizations may include the Fire Service, Police Departments, Juvenile Court/Probation, County and Private Mental Health providers and their Associates, Children & Youth social service and other social service agencies and your local school system.

By signing below I hereby authorize the Bucks County Fire Professionals Aiding Children ~ Fire PAC Program, and all its associate agencies listed above, to exchange any and all information as deemed necessary for the betterment of my child.

Information that may be exchanged may include but is not limited to:

- | | | |
|--------------------------------------|-----------------------------|------------------------------------|
| * Referral / Admission Information | * Psychiatric Assessment | * Psychological Testing |
| * Social History | * Progress notes | * Comprehensive Evaluation Reports |
| * Education Reports/Progress Reports | * Individual Education Plan | * Discharge Summary |
| * Fire / Police / Probation Reports | * Assessment Interview | |

For the purposes of:

- | | | |
|-------------------------|---------------------------------|-------------------------|
| * Planning Intervention | * Reporting Problems / Concerns | * Coordinating Services |
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I hereby authorize the Bucks County Fire Professionals Aiding Children ~ Fire PAC Program, to provide any and all information to those agencies that work with your network;

- | | | |
|------------------------|--------------------------------|------------------|
| * Referral Information | * Intervention Plan Assessment | * Progress Notes |
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Furthermore, I hereby release the Bucks County Fire Professionals Aiding Children ~ Fire PAC Program and its duly authorized agents from any and all legal responsibility or liability from the release of information indicated and authorized herein.

Information released with this authorization will not be given, sold, transferred or in any way relayed to any other person or agency not specified above without a written consent.

I understand that I may revoke this consent at any future time by submitting a written request to the Bucks County Fire Professionals Aiding Children ~ Fire PAC Program. I also understand this consent will automatically expire one year after it is signed.

Current Family Counseling Mental Health Service Provider:

Provider / Agency NAME: _____

Counselor/Therapist NAME: _____

Agency address: _____ **Phone No:** _____

Parent(s) and/or Guardian Name (PRINT): _____

Address: _____

Phone: H # _____ **Cell #** _____ **Work #** _____

Parent/Guardian	<u>Signature</u>	Date	Relationship to Juvenile
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Juvenile (age 12+)	<u>Signature</u>	Date
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